									1					
	PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004  CLAIMS AS FILED - PART I									Application or Docket Number				
ł										1 10/57656b				
				Column 1)	(Column 2)			SMALL ENT TYPE		TITY OF			OTHER THAN SMALL ENTIT	
L	I.S. NATION	IAL STAGE FEE	S			<del></del>	7	RATE		FEE	7	RATI		
В	ASIC FEE		SMALL	.ENT. = \$ 150	LAF	RGE ENT. = \$ 300	1	BASIC FEE		<del></del>	1,,	R BASIC FEI		FEI
Ε	XAMINATION	I FEE	Satisfies F	Satisfies PCT Article 33(1)- (4) = \$50/\$100		other situations = \$ 100 / \$ 200	1	EXAM. FEE		<del></del>	1 "	EXAM. FEI		20 ( 200)
si	EARCH FEE		U.S. is ISA ALL oth	U.S. is ISA = \$50 / \$100 ALL other countries = \$200 / \$400		other situations = \$ 250 / \$ 500	1	SEARCH FI	EE .		1	SEARCH F	P	XU UX
FE	E FOR EXT	A SPEC. PGS.		minus 100 =		/ 50 =	1	X \$ 125			1	V \$ 250	-	LU
TC	TAL CHARG	EABLE CLAIMS	13	minus 20 =	,		1	X \$ 25 :			OR	X \$ 250	-	
INI	DEPENDENT	CLAIMS	17	minus 3 = .				X \$ 100			OR	-		
ML	LTIPLE DEP	ENDENT CLAIM I	PRESENT					+ \$ 180					- -	
. 1	If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	-		OR OR	+ \$ 360 TOTAL	=	<del>a XI</del>
AMENDMENT A		(Column 1)  CLAIMS  (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT		(Column HIGHES NUMBE PREVIOUS PAID FO	2) T R SLY	(Column 3) PRESENT EXTRA	F	SMALL RATE	ADI TION FEI	OI-	OR	OTHE SMALL RATE	ENTI A TIC	
	Total	*	Minus	**	•	=	t	X \$ 25 =		$\dashv$	OR	X \$ 50 =	+	
	Independent	*	Minus	***		=	t	X \$ 100 =	1	$\dashv$	OR -	X \$ 200 =	1-	
	FIRST PRE	SENTATION OF	MULTIPLE DE	PENDENT CLA	um M		$\Gamma$	+ \$ 180 =	<del>                                     </del>		OR -	+ \$ 360 =	╂	
					·		T	OTAL ADDIT. FEE		-	L	TOTAL ADDIT	+	<del></del> -
_	·	(Column 1)		(Column 2		(Column 3)								
		CLAIMS REMAINING · AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	Y	PRESENT EXTRA		RATE	ADDI- TIONA FEE			RATE	AD TIOI FE	NAL
	otal 	*	Minus	**	=		7	<b>X \$ 25 =</b>		70	R	X \$ 50 =		一
	ndependent	*	Minus	***	=	7	X	\$ 100 =		O	R >	< \$ 200 <sub>.</sub> =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+	\$ 180 =		O	٠,	\$ 360 =		1
							то	FEE		OF	<sub>λ</sub> το	TAL ADDIT. FEE		
												_		
	• •													1

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

<sup>###</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.